

Arizona Department of Health Services Children's Rehabilitative Services Administration	Effective Date: 10/01/2007
SUBJECT: HIPAA	SECTION: HI 1.7

SUBTITLE: CRSA HIPAA Notice of Privacy Practices

PURPOSE:

To describe the content, locations of access, and means of disseminating the Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA) Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices (NPP).

POLICY:

ADHS/CRSA is a health plan designation, as defined by the HIPAA Regulations. The policy of ADHS/CRSA is to provide adequate and timely notice to members who are currently or will be enrolled, in the ADHS/CRSA program concerning ADHS/CRSA uses and disclosures of members' protected health information, HIPAA Privacy rights that are afforded to members and the duty of ADHS/CRSA to respect members' protected health information. The ADHS/CRSA NPP will be available in both English and Spanish.

AUTHORITY:

45 C.F.R. §§ 160, 164, 164.520
A.R.S. § 36-104
A.R.S. §§ 36-261 - 265
A.A.C. §§ R9-7-101 - 701

APPLICABILITY:

To all ADHS/CRSA program workforce members, business associates, contract personnel, and other persons who officially represent the ADHS/CRSA.

DEFINITIONS:

Arizona Department of Health Services (ADHS):
Agency designated as the public health authority for the State of Arizona. ADHS, as defined by HIPAA, is a hybrid-covered entity.

Arizona Health Care Cost Containment System (AHCCCS):
Agency that oversees the Medicaid services provided to the Arizona citizens.

ADHS HIPAA Compliance Officer:

Individual, appointed by the ADHS director or the director's designee, who as the designated officer that oversees agency-wide compliance for the HIPAA Privacy, Security, and Administrative Simplification Regulations, collaborates with health care components for response to HIPAA concerns or complaints, and provides advice to health care components in all matters related to HIPAA. The ADHS HIPAA Compliance Officer may designate a HIPAA Compliance Team member to collaborate with a health care component. The ADHS HIPAA Compliance Officer may be used interchangeably with "HIPAA Compliance Office."

Children Rehabilitative Services Administration (CRSA):

A subdivision of the ADHS that is the contracted administrator for the Arizona Health Care Cost System Administration (AHCCCSA) and the state funded plan, which provides regulatory oversight of the Children's Rehabilitative Services (CRS) Regional Contractors and their delivery of health care services. ADHS/CRSA functions as a health plan under the ADHS hybrid entity.

CRSA includes a CRS program that provides for medical treatment, rehabilitation, and related support services to eligible individuals who have certain medical, handicapping, or potentially handicapping conditions that have the potential for functional improvement through medical, surgical, or therapy modalities.

CRS Member:

Individual, 21 years of age or younger, who is enrolled by the member's representative in either the AHCCCS or state funded CRS program and is eligible to receive defined health care services through the CRS Regional Contractors. The CRS member is the subject of Protected Health Information (PHI). The term "CRS Member" may be used interchangeably with the term "Representative."

CRSA HIPAA Privacy Official:

Person responsible for implementing all HIPAA Privacy information for ADHS/CRSA in collaboration with the ADHS HIPAA Compliance Officer for ADHS/CRSA.

CRS Regional Contractor:

Entity awarded a contract with ADHS/CRSA to provide medical treatment, rehabilitation, and related support services for enrolled CRS members.

Designated Record Set (DRS):

Set of collected and maintained eligibility and encounter records used or disseminated by ADHS/CRSA for purposes of member's eligibility and electronic encounter administration for medical, dental, and pharmacy related services provided by CRS Regional Contractors. The designated record set excludes quality assurance, peer review, oversight, or any other documents maintained by ADHS/CRSA for the operation of the program and its contractual relationship with AHCCCS or the CRS Regional Contractors.

Health Insurance Portability and Accountability Act (HIPAA):

Federal Public Law 104-191 of 1996 and the corresponding regulations developed by the United States Department of Health and Human Services that creates national standards for the privacy and security of protected health information and electronic billing standards to administer health care related claims.

Hybrid Entity:

Single legal entity: (1) that is covered, (2) the business activities include both covered and non-covered functions, and (3) that formally designates in writing which work areas are covered health care components of the hybrid entity.

Notice of Privacy Practices (NPP):

A notice that informs members of his or her rights regarding the uses and disclosures of their Protected Health Information (PHI).

Protected Health Information (PHI):

The individually identifiable health information that is maintained, collected, used, or disseminated by ADHS/CRSA, a HIPAA defined health plan, as it relates to the eligibility, claims administration, and ADHS/CRSA operations relating to a member's past, present, or future health or condition, provision of health care or future payment for the provision of health care.

Quality Management:

Review of the quality of health care provided to CRS members.

Representative:

Individual who is authorized, either by the member or by Arizona law, to make health care treatment decisions for the member when the member is unable to make treatment decisions. Member representative has this same meaning as personal representative under the HIPAA Privacy Regulations.

DIVISION OF PRIMARY POSITION OF RESPONSIBILITY:

Children's Rehabilitative Services Administration/CRSA HIPAA Privacy Official

SPECIAL NOTATIONS:

The NPP must be written in plain language and explains the reasons for the uses and disclosures being made.

All timeframes are calendar days unless otherwise specified.

Unauthorized release of PHI or individually identifiable information will subject the individual releasing the information to the disciplinary procedures set forth by the Arizona Department of Health Services, Office of Human Resources, Level I, Disciplinary policy. The disciplinary action may include dismissal from state service.

PROCEDURE:

A. Content of Notice of Privacy Practices (NPP)

1. Ensure that the ADHS/CRSA NPP contains the following elements:
 - a. Header containing these words in capital letters: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
 - b. A description and at least one example of the types of uses and disclosures that ADHS/CRSA is permitted to make for treatment, payment, and/or health care operations.
 - c. A description of each of the other purposes for which ADHS/CRSA is permitted or required to use or disclose PHI without the authorization of the member or member's representative, providing sufficient detail to ensure an understanding of the notice.
 - d. If a use or disclosure for any purpose is prohibited or materially limited by other applicable law, there must be a description of the more stringent law.
 - e. A statement that other uses and disclosure will be made only with the member's written authorization and the member may revoke such authorization and describe the limitation on the member's right to revoke the authorization.
 - f. A statement that ADHS/CRSA may contact the member to provide information about other health-related benefits and services that may be of interest to the member.
 - g. A statement that ADHS/CRSA may contact the member to provide information about program updates or family satisfaction surveys.
 - h. A statement of the member's rights with respect to PHI and a brief description of how the individual may exercise them. These rights include:
 - (1) the right to request restrictions on certain uses and disclosures and a statement that ADHS/CRSA is not required to agree to a requested restriction,
 - (2) the right to receive confidential communications of PHI,
 - (3) the right to inspect and copy PHI,
 - (4) the right to amend PHI,
 - (5) the right to receive an accounting of disclosures of PHI, and

- (6) the right to receive a paper copy of the notice upon request even after agreeing to electronic notice.
 - i. A statement that ADHS/CRSA is required by law to maintain the privacy of PHI and provide members with notice of its legal duties and privacy practices with respect to PHI.
 - j. A statement that ADHS/CRSA is required to abide by the terms of the notice currently in effect but that it reserves the right to change its privacy practices and to make the new notice provision effective for all PHI that ADHS/CRSA maintains, including how the revised notice will be provided to members.
 - k. A statement that explains how members may complain to ADHS/CRSA or to the Secretary of Department of Health and Human Services (DHHS) through the Office of Civil Rights if they believe their privacy rights have been violated along with a brief description of how to file a complaint.
 - l. A statement that prohibits retaliation against any member or other person who makes a complaint or reports a concern about ADHS/CRSA HIPAA Practices.
 - m. Name or title and telephone number of a person or office to contact for further information.
 - n. Effective date of the notice (which may not be earlier than the publication date).
 - o. If ADHS/CRSA elects to limit uses or disclosure beyond the HIPAA requirements, a description of those more limited uses and disclosures.
- 2. Ensure that the notices are in plain language (both English and Spanish). (See Attachments 1 and 2)

B. Revisions to Notice of Privacy Practices

- 1. Maintaining, distributing, and updating the NPP is the responsibility of the ADHS/CRSA in collaboration with the ADHS HIPAA Compliance Team.
- 2. Ensure that when ADHS/CRSA proposes a revision to a policy that affects the use or disclosure of an individual's PHI or individual rights, the proposed policy shall be sent to ADHS HIPAA Compliance Team. The ADHS HIPAA Compliance Team in collaboration with ADHS/CRSA will evaluate whether the proposed policy is a material change to the content

of the notice and advise ADHS/CRSA regarding the revision and distribution of an amended notice.

3. Ensure that the effective date of the NPP, including any revised Notice of Privacy Practices, will not be before the publication date of the printed or revised NPP.
4. Ensure, except where required by law, that a material change in the Notice of Privacy Practices will not be implemented before the effective date of the Notice.
5. Maintain each form of the NPP, including revised NPPs, for at least six (6) years.

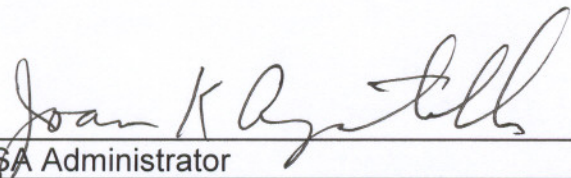
C. Means of Disseminating Notice of Privacy Practices

1. Provide the NPP to members and others in the following ways:
 - a. To all members prior to the initial effective date of April 14, 2003,
 - b. Upon any person's request,
 - c. At enrollment to members who are new to ADHS/CRSA,
 - d. To all CRSA members every three years commencing April 14, 2006, and thereafter,
 - e. By having paper copies of the NPP available at the ADHS/CRSA reception desk,
 - f. By posting the NPP in clear and prominent location within the ADHS/CRSA office where it is reasonable to expect members to be able to read the notice.
2. Create and maintain CRSA Web Sites and Electronic Mail Notice:
 - a. Web site - All ADHS Web sites containing information about the ADHS/CRSA program will prominently post the ADHS/CRSA NPP and make the notice available electronically through the Web site. ADHS/CRS members must be able to download or print a paper copy of the notice from the Web site.
 - b. E-Mail - ADHS/CRSA may provide the NPP by e-mail only if the individual agrees to receive the notice by e-mail. The individual's agreement will be documented in the CRSA tracking system.

- (1) A member may withdraw this agreement by written request. The individual's withdrawal of agreement will be documented in the ADHS/CRSA tracking system.
- (2) If ADHS/CRSA attempts to email the notice to a member and learns that the email transmission has failed, ADHS/CRSA will provide a paper copy of the notice promptly to the member.

Approved:

Date:



CRSA Administrator

9/24/07

ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA) is committed to protecting your health information. Children's Rehabilitative Services Administration is required by law to maintain the privacy of your health information, provide this notice to you, and abide by the terms of this notice. We reserve the right to change our privacy practices and the terms of this notice at any time.

ADHS/CRSA MAY DISCLOSE YOUR HEALTH INFORMATION:

Children's Rehabilitative Services Administration may access, use and/or share this health information for the purposes of the following:

Request funding to pay for the medical services and supplies provided to you.

Evaluate the performance of your CRS health care providers. For example, we may use your health information to conduct quality improvement activities such as evaluating whether CRS doctors or other health care professional provided the services and care you needed.

Release information to its attorneys, accountants, and consultants so that the program is run efficiently and to detect and prosecute program fraud and abuse.

For health oversight activities, we may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the public healthcare system, government programs, and compliance with civil rights laws.

Program oversight activities, CRSA and the Children's Rehabilitative Services Clinics may share information about you with each other for quality of care and continuity of service purposes. The information may include, but is not limited to, your name, address, date of birth, guardianship status, CRS member ID number, and Arizona Health Care Cost Containment System (AHCCCS) ID number.

Mail to you program updates or family satisfaction surveys.

Share information with other government agencies or organizations that provide benefits or services when the information is necessary in order for you to receive those benefits or services.

When required by law, we may disclose health information when a law requires that we report information about suspected abuse, neglect, or domestic violence, or in response to a court order. We must also disclose health information to authorities that monitor compliance with these privacy requirements.

For public health activities, we may disclose health information when we are required to collect information about disease or injury or to report vital statistics or the results of public health surveillance, investigations, or interventions.

Relating to decedents, we may disclose health information relating to a death to, coroners, medical examiners, or funeral directors and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

To avert threat to health or safety. In order to avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

USES AND DISCLOSURES REQUIRING AUTHORIZATION The law only allows CRSA's staff to use your health information when doing their jobs or to share your information when it is necessary to run Children's Rehabilitative Services Administration. When health information is shared with other agencies or organizations, we require them to keep your health information confidential and to use the information for the purpose intended.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

If ADHS/CRSA wishes to make a use or disclosure of your health information for a purpose that is not discussed in this notice, ADHS/CRSA will seek your permission. If you give your permission to ADHS/CRSA, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information.

Your Rights To Privacy

See and Get Copies of Your ADHS/CRSA Information, you may be charged a fee for the cost of copying your information.

Request to Amend or Correct Your ADHS/CRSA Information, if you think there is a mistake. You must provide a reason for your request.

Obtain a List of Disclosures made after April 14, 2003. This list will not include information provided to you or your family directly or information that was sent with your authorization. We will provide the first list to you free, but we may charge you for any additional list you request during the same year.

Request to Restrict Further Uses and Disclosures of Your Health Information. You have the right to request us not to make uses or disclosures of your health information to seek payment for care or to operate the program. We are not required to agree with your request but if we do agree, we will comply with that agreement.

Request How ADHS/CRSA Communicates With You. You have the right to request us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home but to communicate only by mail.

File a Complaint if you do not agree with how ADHS/CRSA has used or disclosed information about you.

You have the right to receive this notice -- You have the right to receive a paper copy of this notice.

ANY REQUEST YOU MAKE TO ADHS/CRSA MUST BE IN WRITING

HOW TO FILE A COMPLAINT IF YOU BELIEVE YOUR RIGHTS HAVE BEEN VIOLATED

If you have questions about this notice or any complaints about our privacy practices, please write or contact the office listed below:

Arizona Department of Health Services
Children's Rehabilitative Services
150 North 18th Avenue, Suite 330
Phoenix AZ 85007
Phone (602) 542-1860 or 1-800-232-1676

You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health and Human Services
Office of Civil Rights
50 United Nations Plaza -- Room 322
San Francisco, California 94102
Attn: Regional Manager

Or

Call for a complaint form at 1-800-368-1019

We will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on April 14, 2003.

Changes to Notice of Privacy Practices

CRSA must obey this notice starting on April 14, 2003. We have the right to change our privacy practices. If we make any changes, we will rewrite this notice and give it to you right away.

To get a copy of this notice in other languages, Braille, large print, audiocassette, or computer disk, please call or write the Privacy Officer at the number or address listed above.

*****IMPORTANT*****

CRSA DOES NOT HAVE COMPLETE COPIES OF HEALTH RECORDS.

IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE A CHILD'S HEALTH RECORD, PLEASE CONTACT THE CHILD'S DOCTOR, CLINIC OR HEALTH PLAN.

EL DEPARTAMENTO DE SERVICIOS DE SALUD DE ARIZONA
LA ADMINISTRACIÓN DE SERVICIOS DE REHABILITACIÓN PARA NIÑOS

AVISO SOBRE LAS PRÁCTICAS DE PRIVACIDAD

ÉSTE AVISO DESCRIBE COMO SU INFORMACIÓN MÉDICA PUEDE REVELARSE Y COMO USTED PUEDE OBTENER ACCESO A ÉSTA INFORMACIÓN. POR FAVOR LEA CON CUIDADO.

El Departamento de Servicios de Salud de Arizona (ADHS), la Administración de Servicios de Rehabilitación para Niños (CRSA), tiene el compromiso de proteger su información médica. CRSA está obligado por ley a mantener la privacidad de su información de salud, al igual que a proveerle éste aviso a usted y cumplir con los términos de éste aviso. Reservamos el derecho a cambiar nuestras prácticas de privacidad y los términos de éste aviso en cualquier momento.

ADHS/CRSA PUEDE REVELAR SU INFORMACIÓN DE SALUD:

CRSA puede tomar, usar, y/o compartir su información de salud por las siguientes razones:

Solicitar fondos para el pago de los servicios médicos y materiales proveídos a usted.

Evaluar el rendimiento de sus proveedores del programa de salud CRSA. Por ejemplo, podemos usar su información médica para llevar a cabo actividades que resulten en mejoría de calidad como evaluar si sus doctores de CRS u otros profesionales le proveen los servicios y el cuidado que usted necesitaba.

Dar información a los abogados, contadores, y asesores para que el programa se lleve a cabo eficazmente y para detectar fraude y/o abuso del programa.

Vigilancia de actividades de salud, podemos revelar información de salud a las agencias de vigilancia para actividades autorizadas por la ley. Estas actividades incluyen auditoria, investigaciones, inspecciones, y licenciatura. Dichas actividades son necesarias para el gobierno de vigilar el sistema de salud pública y otros programas del gobierno, y en conformidad con las leyes civiles.

Vigilancia de actividades programáticas. CRSA y las Clínicas de Servicios de Rehabilitación para Niños, pueden compartir su información con uno al otro por el propósito de la calidad del cuidado y la continuidad del servicio. La información puede incluir, pero no limitado a, su nombre, domicilio, fecha de nacimiento, estado de la tutela, el número de identificación del miembro de CRS, y el número de identificación de Arizona Health Care Cost Containment System (AHCCCS).

Enviarle lo más reciente en el programa o encuestas de satisfacción de familia.

Compartir información con otras agencias del gobierno u organizaciones que proveen servicios o beneficios cuando la información es necesaria para que usted pueda recibir los servicios o beneficios.

Cuando requerido por la ley, podemos revelar su información de salud cuando alguna ley requiera que reportemos información relacionada con abuso, negligencia, o violencia doméstica,

o como respuesta a una orden de corte. También debemos revelar información de salud a autoridades que vigilan el cumplimiento con estos requisitos de privacidad.

Para actividades de salud pública, podemos revelar su información cuando estamos obligados a coleccionar información relacionada con enfermedad o accidente, para reportar estadísticas vitales, o los resultados de vigilancia, investigaciones, o intervenciones en la salud pública.

En relación a fallecimiento, podemos revelar su información al pesquisador, examinadores médicos, directores de funerarias para que ellos puedan cumplir con sus obligaciones como lo requiere la ley. Y a organizaciones para obtener órganos, con relación a la donación o transplante de órganos, ojos, o tejido.

Para prevenir una amenaza a la salud o seguridad. Para prevenir una amenaza seria contra la salud o la seguridad, podemos revelar información de salud según sea necesario, a oficiales de policía u otras personas quienes pueden razonablemente prevenir o disminuir la amenaza.

USOS Y REVELACIÓN QUE REQUIEREN AUTORIZACIÓN

La ley solo permite al personal de CRS usar su información para cumplir con su trabajo o para compartirla si es necesaria para el funcionamiento de CRS. Cuando dicha información es compartida con otras agencias, les requerimos que la mantengan confidencial y que la usen solo para el propósito requerido.

SUS DERECHOS EN RELACIÓN A SU INFORMACIÓN DE SALUD PROTEGIDA

Si ADHS/CRSA desea usar o revelar su información de salud para algún propósito no mencionado en éste aviso, ADHS/CRSA buscará su permiso. Si usted da su permiso, lo puede terminar en cualquier momento, a menos que ya hayamos dependido de ese permiso para usar o revelar la información.

Sus Derechos de Privacidad

Ver y Obtener Copias de Su Información de ADHS/CRSA, quizás se la haga un cargo por el costo de copiar la información.

Corregir o Enmendar Información de ADHS/CRSA, si usted cree que hay un error. Debe dar una razón por ésta petición.

Obtener una Lista de Revelaciones hechas después de Abril 14, 2003. Esta lista no incluirá información dada a usted o a su familia directamente o información que fue enviada con su autorización. Le daremos ésta lista gratis, pero podemos cobrarle por listas adicionales que pida durante el mismo año.

Solicitar Mayor Restricción del Uso de Su Información de ADHS/CRSA. Usted tiene el derecho de solicitar que no se use o revele su información de salud para obtener pago por el servicio o para operar el programa. No estamos obligados a acordar con usted en esta petición pero si acaso acordamos, cumpliremos con ese acuerdo.

Indicar el Modo en que ADHS/CRSA se Comunica con Usted. Usted tiene el derecho a solicitar que nos comuniquemos con usted en la forma en que usted sienta que es más confidencial. Por ejemplo, usted nos puede pedir que no le hablemos por teléfono a su hogar si no que solo nos comuniquemos por correo.

Someter una Queja si usted no está de acuerdo en la manera en que ADHS/CRSA ha usado o revelado su información.

Usted tiene derecho a recibir éste aviso – Usted tiene derecho a recibir una copia escrita de éste aviso.

***CUALQUIER SOLICITUD QUE USTED HAGA A ADHS/CRSA DEBE SER POR ESCRITO**

COMO PRESENTAR UNA QUEJA SI USTED CREE QUE SUS DERECHOS DE PRIVACIA HAN SIDO VIOLADOS

Si usted tiene preguntas sobre éste aviso o alguna queja sobre nuestras prácticas de privacidad, por favor comuníquese con ésta oficina:

Arizona Department of Health Services
Children's Rehabilitative Services Administration
150 North 18th Avenue, Suite 330
Phoenix AZ 85007-3243
Phone (602) 542-1860 or 1-800-232-1676

También puede elevar una queja por escrito con la Secretary of the U.S. Department of Health and Human Services (Secretaria del Departamento de Estados Unidos de los Servicios de Salud y Humanos) en:

U.S. Department of Health and Human
Services
Office of Civil Rights
50 United Nations Plaza -- Room 322
San Francisco, California 94102
Attn: Regional Manager

Para obtener un formulario de queja llame al: 1-800-368-1019

No tomaremos medidas represivas contra usted si es que lleva acabo una tal queja.

Fecha de vigencia: Este aviso es vigente desde el 14 de Abril del 2003.

Cambios al Aviso de Prácticas de Privacidad

CRSA debe obedecer este aviso empezando en Abril 14, 2003. Tenemos el derecho a cambiar nuestras prácticas de privacidad. Si hacemos algunos cambios, escribiremos éste aviso nuevamente y lo pondremos a su alcance enseguida.

Para obtener una copia de este aviso en otros lenguajes, Braille, escritura amplia, audio casete, o disco de computadora, por favor llame o escriba al Oficial de Privacidad al número u oficina escrito arriba.

*****IMPORTANTE*****

CRSA NO TIENE COPIAS COMPLETAS DE EXPEDIENTES MÉDICOS.

SI NECESITA VER U OBTENER UNA COPIA O HACER UN CAMBIO AL EXPEDIENTE DE UN MENOR, POR FAVOR CONTACTE AL DOCTOR, CLÍNICA, O PLAN DE SALUD DEL MENOR.